

Docket No. _____

Westerman, Hattori, Daniels & Adrian, LLP

DECLARATION FOR U.S. PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

BENDING ACTION MEMBER, MULTI-SLIDER LINKAGE MECHANISM, ACTUATOR AND MANIPULATOR

the specification of which is attached hereto unless the following is checked

☒ was filed on June 9, 2006 as United States Application Number 10/582,354 and was filed on December 13, 2004 as PCT International Application Number PCT/JP2004/018598 and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claim(s), as amended by any amendment referred above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 (a) – (d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application for which priority is claimed.

(List prior foreign applications. See note A)

Priority Claimed

<u>2003-413719</u> (Number)	<u>Japan</u> (Country)	<u>11/December/2003</u> (Day/Month/Year Filed)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<u>2003-413720</u> (Number)	<u>Japan</u> (Country)	<u>11/December/2003</u> (Day/Month/Year Filed)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<u>2003-413721</u> (Number)	<u>Japan</u> (Country)	<u>11/December/2003</u> (Day/Month/Year Filed)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	<input type="checkbox"/> Yes <input type="checkbox"/> No

(See note B) ☐ See attached list for additional prior foreign applications

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

(List prior U.S. Applications)

Status

_____ (Application Serial No.)	_____ (Filing Date)	<input type="checkbox"/> Patented <input type="checkbox"/> Pending <input type="checkbox"/> Abandoned
_____ (Application Serial No.)	_____ (Filing Date)	<input type="checkbox"/> Patented <input type="checkbox"/> Pending <input type="checkbox"/> Abandoned
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I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Customer Number: 38834

Please direct all communications to the following address:

Westerman, Hattori, Daniels & Adrian, LLP
1250 Connecticut Avenue, N.W., Suite 700, Washington, D.C. 20036

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18 of the United States Code, § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

(See note C)

Full name of sole or first inventor (given name, family name) Takeyoshi DOHI
Inventor's signature [Signature] Date May 2, 2007
Residence Setagaya-ku, Tokyo, Japan Citizenship Japan
Post Office Address 2-6-30, Nakamachi, Setagaya-ku, Tokyo 158-0091 Japan

Full name of second inventor (given name, family name) Nobuhiko HATA
Inventor's signature [Signature] Date
Residence Boston, Massachusetts, United States of America Citizenship Japan
Post Office Address L1-050 Department of Radiology Brigham and Women's Hospital,
75 Francis St., Boston, Massachusetts 02115 United States of America

Full name of third inventor (given name, family name) Hiromasa YAMASHITA
Inventor's signature [Signature] Date May 7, 2007
Residence Kita-ku, Tokyo, Japan Citizenship Japan
Post Office Address 101 Fuse-Haitsu, 2-38-3, Nishigahara, Kita-ku, Tokyo 114-0024 Japan

Full name of fourth inventor (given name, family name) Akihiro HIMURA
Inventor's signature [Signature] Date
Residence Shinagawa-ku, Tokyo, Japan Citizenship Japan
Post Office Address c/o THK CO., LTD.,
11-6, Nishi Gotanda 3-chome, Shinagawa-ku, Tokyo 141-8503 Japan

Full name of fifth inventor (given name, family name) Toji NAKAZAWA
Inventor's signature [Signature] Date
Residence Shinagawa-ku, Tokyo, Japan Citizenship Japan
Post Office Address c/o THK CO., LTD.,
11-6, Nishi Gotanda 3-chome, Shinagawa-ku, Tokyo 141-8503 Japan

Full name of sixth inventor (given name, family name)
Inventor's signature Date
Residence Citizenship
Post Office Address

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(List prior U.S. Applications)

Status

<u> </u> (Application Serial No.)	<u> </u> (Filing Date)	<input type="checkbox"/> Patented <input type="checkbox"/> Pending <input type="checkbox"/> Abandoned
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(See note C)

Full name of sole or first inventor (given name, family name)	<u>Takeyoshi DOHI</u>
Inventor's signature	<u>[Signature]</u>
Residence	<u>Setagaya-ku, Tokyo, Japan</u>
Post Office Address	<u>2-6-30, Nakamachi, Setagaya-ku, Tokyo 158-0091 Japan</u>
Full name of second inventor (given name, family name)	<u>Nobuhiko HATA</u>
Inventor's signature	<u>[Signature]</u>
Residence	<u>Boston, Massachusetts, United States of America</u>
Post Office Address	<u>11-050 Department of Radiology Brigham and Women's Hospital, 75 Francis St., Boston, Massachusetts 02115 United States of America</u>
Full name of third inventor (given name, family name)	<u>Hiromasa YAMASHITA</u>
Inventor's signature	<u>[Signature]</u>
Residence	<u>Kita-ku, Tokyo, Japan</u>
Post Office Address	<u>101 Fuse-Hatsu, 2-38-3, Nishigahara, Kita-ku, Tokyo 114-0024 Japan</u>
Full name of fourth inventor (given name, family name)	<u>Akihiro IIMURA</u>
Inventor's signature	<u>[Signature]</u>
Residence	<u>Shinagawa-ku, Tokyo, Japan</u>
Post Office Address	<u>c/o THK CO., LTD., 11-6, Nishi Gotanda 3-chome, Shinagawa-ku, Tokyo 141-8503 Japan</u>
Full name of fifth inventor (given name, family name)	<u>Toji NAKAZAWA</u>
Inventor's signature	<u>[Signature]</u>
Residence	<u>Shinagawa-ku, Tokyo, Japan</u>
Post Office Address	<u>c/o THK CO., LTD., 11-6, Nishi Gotanda 3-chome, Shinagawa-ku, Tokyo 141-8503 Japan</u>
Full name of sixth inventor (given name, family name)	
Inventor's signature	
Residence	
Post Office Address	

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☒ Yes ☐ No☒ Yes ☐ No☒ Yes ☐ No☐ Yes ☐ No

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Inventor's signature _____ Date _____
Residence Kita-ku, Tokyo, Japan Citizenship Japan
Post Office Address 101 Fuse-Haitsu, 2-38-3, Nishigahara, Kita-ku, Tokyo 114-0024 Japan

Full name of fourth inventor (given name, family name) Akihiro IIMURA
Inventor's signature Akihiro Iimura Date 02/26/2007
Residence Shinagawa-ku, Tokyo, Japan Citizenship Japan
Post Office Address c/o THK CO., LTD.,
11-6, Nishi Gotanda 3-chome, Shinagawa-ku, Tokyo 141-8503 Japan

Full name of fifth inventor (given name, family name) Toji NAKAZAWA
Inventor's signature Toji NAKAZAWA Date 02/26/2007
Residence Shinagawa-ku, Tokyo, Japan Citizenship Japan
Post Office Address c/o THK CO., LTD.,
11-6, Nishi Gotanda 3-chome, Shinagawa-ku, Tokyo 141-8503 Japan

Full name of sixth inventor (given name, family name) _____
Inventor's signature _____ Date _____
Residence _____ Citizenship _____
Post Office Address _____